

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7659

**1. PLACE OF DEATH**

County Andrew Registration District No. 26  
 Township North Primary Registration District No. 2077  
 City Mexico (No. 321 North Utah) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 30  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Sarah E. Williams

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX \_\_\_\_\_ 4. COLOR OR RACE \_\_\_\_\_ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
42 | 2 | 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mexico  
 (STATE OR COUNTRY) MO

10. NAME OF FATHER George Perry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ballouay Co. Mo  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Ann Cardinal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Andrew Co Mo  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT John A. Williams  
 (Address) Mexico MO

15. FILED March 3rd 1928 Ira S. Milligan  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-3-1928

17. I HEREBY CERTIFY That I attended deceased from 2-20-1928, to 9-3-1928 that I last saw h. alive on 3-2-1928 and that death occurred, on the date stated above, at 9:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Encephalitis - cortical (Chronic)

CONTRIBUTORY (SECONDARY) (Epileptic) - (Demented)

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. H. Hamilton, M. D.  
 19 \_\_\_\_\_ (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mexico MO Union DATE OF BURIAL 3-4-1928

20. UNDERTAKER H. G. Pecht & Son ADDRESS Mexico MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

